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Bib Data Sheet

CONFIRMATION NO. 3524

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER 09/826,207 | FILING DATE 04/05/2001 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. 039179.01 |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS

Marian Devonec, Miribel, FRANCE;

** CONTINUING DATA *****

THIS APPLICATION IS A DIV OF 08/765,199 02/10/1997
 WHICH IS A 371 OF PCT/FR95/00869 06/29/1995

** FOREIGN APPLICATIONS *****

FRANCE 94 08933 07/13/1994

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 04/27/2001

| | | | | | |
|---------------------------------|---|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | FRANCE | 7 | 104 | 8 |
| Verified and Acknowledged | <i>CM</i> Examiner's Signature | Initials | | | |

ADDRESS

25944

TITLE

Therapeutic device for the selective cytoreduction treatment of an obstruction in a natural lumen or passage of the human or animal body

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|--------------------------------|---|---|
| FILING FEE RECEIVED 2622 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
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| | | <input type="checkbox"/> Other |
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